

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029868

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 4 1962

3000

266

VS 300
Rev. 4/59

10017

20010

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>				Length of stay in 1b <u>5 days</u>		c. CITY OR TOWN <u>Novinger</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim-Smith Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD</u>	
3. NAME OF DECEASED (Type or print) First <u>Evehett</u> Middle <u>Roy</u> Last <u>Adams</u>				4. DATE OF DEATH Month <u>August</u> Day <u>21</u> Year <u>1962</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-13-1894</u>	
9. AGE (last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>		11. IF UNDER 24 HR Hours <u>11</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Gov't.</u>		11. BIRTHPLACE (City and state or country) <u>Davis Co., Iowa</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Isaac O. Adams</u>				13b. MOTHER'S MAIDEN NAME <u>Emma Alice Cummins</u>		14. NAME OF HUSBAND OR WIFE <u>Mary O. Adams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service <u>none</u>)				16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Mary Adams Novinger, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u> <u></u> <u></u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>8.19.62</u> to <u>8.24.62</u> and last saw <u>her</u> him alive on <u>8.24.62</u> Death occurred at <u>12:17</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Nilton T. Englema</u>				22b. ADDRESS <u>Kirksville, Mo.</u>		22c. DATE SIGNED <u>8.26.62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-26-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Taylor Cemetery</u>		23d. LOCATION (City, town, or county) <u>Davis County, Iowa</u>	
24. FUNERAL DIRECTOR <u>Dee Riley Funeral Home, Inc.</u> 415 North Franklin Kirksville, Missouri				25. DATE RECD. BY LOCAL REG. <u>8-28-62</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

No permit issued

Milton T. English, M.D.

SEP 5 1962
SEP 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Larry Jackson*

Licensed Embalmer No. *5158*

P. O. Address *Kirkville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.